

VERMONT INSURANCE DIVISION

Department of Banking, Insurance, Securities
and Health Care Administration
89 Main Street
Montpelier, VT 05620-3101

Insurance Analysis Section
(802) 828-4845

Vermont Mandated Reporting (Liquor Liability Report)
Part of the Vermont Annual Statement Instructions (2011 Data Year)

8 V.S.A. §3567 and Insurance Division Bulletin 89 mandate collection of liquor liability statistics. Licensed insurers who provide liquor liability coverage are required to complete the attached report. Following are a few general instructions for completing the Vermont Liquor Liability Report:

- 1.) Complete both Vermont and countrywide reports only if your company has Vermont experience to report. If your company has no Vermont experience, return the Vermont report with either zeros entered or marked “nothing to report.” If you do not have Vermont experience, do not complete the countrywide report. The Vermont report must be completed even if there is no Vermont experience.
- 2.) This report is to be filed for your company only, not for your Group. However, please identify your NAIC group code and group name on the report.
- 3.) Premiums may be estimated. However, if you do, then note that the premiums are estimated on the report.
- 4.) Thank you for your time and effort in filing this report. If you have any questions regarding this report, please contact Kevin Gaffney at (802) 828-4845. Send completed material to:

Insurance Analysis
Department of Banking, Insurance,
Securities and Health Care Administration
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VERMONT LIQUOR LIABILITY INSURANCE REPORT
PART OF THE VERMONT ANNUAL STATEMENT INSTRUCTIONS
Calendar Year 2011

Company Name: _____ Group Name: _____
 NAIC Company Code: _____ NAIC Group Code: _____
 Address: _____
 City, State, Zip Code: _____
 Contact Person: _____
 Phone Number: _____

(1)*	(2)	(3)	(4)	**(5)++	(6)	(7)	(8)	(9)	(10)	(11)
Name of Policy or Program	\$ Premiums Written	\$ Premiums Earned	\$ Claims Losses Paid	\$ Claims Losses Incurred	Number of Policies Written	Number of Claims Paid	Number of Claims Incurred	Loss Ratio (5)/(3)	Average Paid Claim	Average Incurred Claim (5)/(8)

In General: If you use more than one line please add the numbers in the columns and provide totals on a separate line. Estimates for premiums are acceptable, however, please note on the worksheet if you are using an estimate.

*Please describe. If liquor liability is part of a multi-line policy, the program should be identified. If you write mono-line liquor liability please indicate mono-line.

**Claims paid the current year less incurred claims reserve prior year plus the incurred claims reserve the current year. Reserves include IBNR reserves.

++Include loss adjustment expense.